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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

1560P02US02

First Named Inventor

Kasprzak

COMPLETE IF KNOWN

Application Number

to be determined

Filing Date

to be determined

Art Unit

to be determined

Examiner Name

to be determined

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ELECTROMAGNETIC METHOD AND APPARATUS FOR TREATMENT OF
ENGINEERING MATERIALS, PRODUCTS, AND RELATED PROCESSES**

(Title of the Invention)

the specification of which



Is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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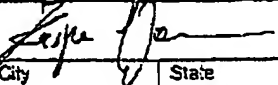
PTO/SB/01 (03-03)

Approved for use through 07/31/2003, OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 20779		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Marcin Stanislaw		Family Name or Surname Kasprzak	
Inventor's Signature 		Date DEC 05, 2003	
Residence: City Ruda Slaska	State	Country Poland	Citizenship Polish
Mailing Address Wschodnia 1 No. 24, 41-707 Ruda Slaska 7			
City Ruda Slaska	State	ZIP	Country Poland
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Wojciech		Family Name or Surname Kasprzak	
Inventor's Signature 		Date Dec 5, 2003	
Residence: City Windsor	State Ontario	Country Canada	Citizenship Polish
Mailing Address 154 Campbell Avenue			
City Windsor	State Ontario	ZIP N9B 2H2	Country Canada
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02UR attached hereto.			

(Page 2 of 2)

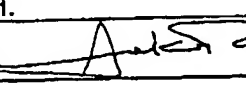
PTO/SB/02A (08-03)

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jerzy H.		Sokolowski	
Inventor's Signature 		Date	
Windsor Residence: City	Ontario State	Canada Country	Canadian Citizenship
3683 Inglewood Avenue Mailing Address			
Mailing Address			
Windsor City	Ontario State	N9E 4P3 Zip	Canada Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
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PTO/SB/81 (09-08)

Approved for use through 11/30/2005, OMB 0551-0035
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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	to be determined
Filing Date	to be determined
First Named Inventor	KASPRZAK
Title	Electromagnetic Method and ...
Art Unit	to be determined
Examiner Name	to be determined
Attorney Docket Number	1560P02US02

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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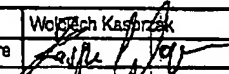
OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)
SIGNATURE of Applicant or Assignee of Record

Name	Wojciech Kasprzak		
Signature			
Date	12/05/2003	Telephone	519 253 3000 Ext. 3744

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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FTO/SB/81 (09-03)

Approved for use through 11/30/2006. OMB 0551-0035

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Application Number	to be determined
Filing Date	to be determined
First Named Inventor	KASPRZAK
Title	Electromagnetic Method and ...
Art Unit	to be determined
Examiner Name	to be determined
Attorney Docket Number	1580P02US02

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☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Name Jerzy H. Sokolowski

Signature

Date

DEC. 5. 03

Telephone

(518) 253 3000 E. 3-582

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PTO/SB/01 (09-03)

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Application Number	to be determined
Filing Date	to be determined
First Named Inventor	KASPRZAK
Title	Electromagnetic Method and
Art Unit	to be determined
Examiner Name	to be determined
Attorney Docket Number	1580P02US02

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OR

☐ Firm or Individual Name

Address

Address

City

Country

Telephone

State

Zip

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/05)

SIGNATURE of Applicant or Assignee of Record

Name Marcia Kasprzak

Signature

Date

DECEMBER 05, 2003

Telephone (+48) 32 24 27 22 8

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